

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

GUZMAN-RUIZ, RAUL
A 95-405-083

Plaintiffs,

V.

MICHAEL CHERTOFF, Secretary of the U.S. Department of Homeland Security; RUTH A. DOROCHOFF, District Director, U.S. Citizenship and Immigration Services; MICHAEL B. MUKASEY, U.S. Attorney General;

Defendants.

NO. FILED: MAY 22, 2008
08CV3001 TG
JUDGE GETTLEMAN
MAGISTRATE JUDGE COLE

COMPLAINT

NOW COME the Plaintiffs, Raul Guzman-Ruiz, by and through their attorney, Laureen Anderson of Horn, Khalaf, Abuzir, Mitchell & Schmidt, and complaining of the Defendants, Michael Chertoff, Secretary of the U.S. Department of Homeland Security, Ruth A. Dorochoff, District Director of the U.S. Citizenship and Immigration Services (USCIS), formerly known as the Immigration and Naturalization Service (INS), and Michael B. Mukasey, U.S. Attorney General, and states as follows:

1. Jurisdiction is based upon 8 U.S.C. 1329, 28 U.S.C. 1361 and 28 U.S.C. 1331(a).

Furthermore, this action is in the nature of a Mandamus so as to invoke the jurisdiction of this Court to compel the Defendants to perform their mandatory administrative duty and for attorney's fees under 28 U.S.C. 2412 for the failure of the Defendants to perform their duties. Declaratory Judgment is sought pursuant to 28 U.S.C. 2201 and 28 U.S.C. 2202.

2. On March 1, 2003, the duties and responsibilities of the former INS were assumed by the newly formed USCIS, under the Department of Homeland Security.
3. The Defendant, Michael Chertoff is the Secretary of the U.S. Department of Homeland Security. The Defendant, Ruth A. Dorochoff is the District Director of the USCIS. The Defendant, Michael B. Mukasey is the U.S. Attorney General. They are being sued in their official capacity only.
4. This action is in the nature of Mandamus requiring the USCIS to make a decision on Form I-485, Application for Adjustment of Status to that of Lawful Permanent Resident.
5. On April 15, 2002, Plaintiff Raul Guzman-Ruiz filed his application for adjustment of status to that of lawful permanent residence, based upon an approved I-140. (See Exhibits 1 & 2).
6. On June 1, 2004 the Plaintiff appeared for a scheduled interview with Officer Tuazon. A Request for Evidence was issued for additional documents. (See Exhibit 3).
7. On June 29, 2004 the Plaintiff responded to the Request for Evidence. (See Exhibit 4- Receipt stamp on copy of RFE showing receipt on June 30, 2004).
8. Plaintiffs have attempted, on numerous occasions to obtain the status of their case.
9. To date, no action has been taken by the Defendants to process the Plaintiffs' application for Adjustment of Status.
10. Plaintiffs request attorney fees under 28 U.S.C. 2412 for failure of the Defendants to properly perform their duties in adjudicating the Plaintiff's application.

WHEREFORE, Plaintiff, Raul Guzman-Ruiz, prays as follows:

A. For an Order of Mandamus requiring the Defendants to act on the I-485 Adjustment Application.

B. For an Order declaring that the action of the Defendants in refusing to act on the Plaintiffs' application is arbitrary, capricious and an abuse of discretion.

C. For Attorney's fees as the Court deems necessary and proper to compensate the Plaintiffs for the wrongful refusal to act on the Plaintiffs' application for Adjustment of Status, the Relative Petition, and the Waiver.

D. For such other relief as the Court may deem fit.

Respectfully submitted,
Raul Guzman-Ruiz

BY: s/ Laureen Anderson
LAUREEN ANDERSON
Attorney for Plaintiff

LAUREEN ANDERSON
Horn, Khalaf, Abuzir, Mitchell & Schmidt
2 North LaSalle, Suite 630
Chicago, IL 60602
Telephone: (312) 281-5444
Fax: (312) 558-9075
E-mail: landerson@hkamlaw.com

UNITED STATES OF AMERICA

RECEIPT NUMBER LIN-01-234-52619		CASE TYPE I140 IMMIGRANT PETITION FOR ALIEN WORKER
RECEIPT DATE August 3, 2001	PRIORITY DATE January 14, 1998	PETITIONER CAFE BORGIA INC
NOTICE DATE December 27, 2001	PAGE 1 of 1	BENEFICIARY GUZMAN, RAUL R.
CAFE BORGIA INC C/O C TABIA RUANO MINSKY MCCORMICK 122 S MICHIGAN AVE APT 1800 CHICAGO IL 60603		Notice Type: Approval Notice Section: Other Workers, Sec.203(b)(3)(A)(iii)
Courtesy Copy: Original sent to: TABIA RUANO, CARLINA		
This courtesy notice is to advise you of action taken on this case. The official notice has been mailed to the attorney or representative indicated above. Any relevant documentation included in the notice was also mailed as part of the official notice.		
<p>The above petition has been approved. The petition indicates that the person for whom you are petitioning is in the United States and will apply for adjustment of status. The evidence indicates that he or she is not eligible to file an adjustment of status application. This determination is based on the information submitted with the petition and any relating files. If the person for whom you are petitioning believes that he or she is eligible for adjustment of status, then he or she should contact the local INS office for more information.</p> <p>Because the person for whom you are petitioning is not eligible to adjust, we have sent the approved petition to the Department of State National Visa Center (NVC), 32 Rochester Avenue, Portsmouth, NH 03801-2909. The NVC processes all approved immigrant visa petitions that need consular action. It also determines which consular post is the appropriate consulate to complete visa processing. The NVC will then forward the approved petition to that consulate.</p> <p>This completes all INS action on this petition. If you have any questions about visa issuance, please contact the NVC directly. The telephone number to NVC is (603) 334-0700. Please allow 90 days before contacting the National Visa Center regarding your petition.</p> <p>The NVC will contact the person for whom you are petitioning concerning further immigrant visa processing steps.</p> <p>This courtesy copy may not be used in lieu of official notification to demonstrate the filing or processing action taken on this case.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>		
08CV3001 TG JUDGE GETTLEMAN MAGISTRATE JUDGE COLE		

Please see the additional information on the back. You will be notified separately about any other cases you filed.

NEBRASKA SERVICE CENTER

U. S. IMMIG. & NATZ. SERVICE

P.O. BOX 82521

LINCOLN NE 68501-2521

Customer Service Telephone: 402-323-7830



EXHIBIT

UNITED STATES OF AMERICA

RECEIPT NUMBER LIN-02-150-53576		CASE TYPE I485 APPLICATION TO ADJUST TO PERMANENT RESIDENT STATUS
RECEIVED DATE March 15, 2002	PRIORITY DATE	APPLICANT A95 405 083 GUZMAN RUIZ, RAUL
NOTICE DATE April 3, 2002	PAGE 1 of 1	

CARLINA TAPIA RUANO
MINSKY MCCORMICK & HALLAGAN PC
122 S MICHIGAN AVE STE 1800
CHICAGO IL 60603

Notice Type: Receipt Notice

Amount received: \$ 1305.00

Section: Adjustment as direct
beneficiary of immigrant
petition

The above application or petition has been received. It usually takes 300 to 330 days from the date of this receipt for us to process this type of case. Please notify us immediately if any of the above information is incorrect.

We will send you a written notice as soon as we make a decision on this case. You can also use the phone number 402-323-7830 to obtain case status information direct from our automated system 24 hours a day with a touch-tone phone and the receipt number for this case (at the top of this notice).

If you have other questions about possible immigration benefits and services, filing information, or Immigration and Naturalization Service forms, please call the INS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call our TDD at 1-800-767-1833.

If you have access to the Internet, you can also visit the INS at www.ins.usdoj.gov. Here you can find valuable information about forms and filing instructions, and about general immigration services and benefits. At present, this site does not provide case status information.

08CV3001

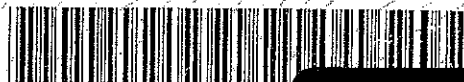
TG

JUDGE GETTLEMAN

MAGISTRATE JUDGE COLE

Please see the additional information on the back. You will be notified separately about any other cases you filed.

NEBRASKA SERVICE CENTER
U. S. IMMIG. & NATZ. SERVICE
P.O. BOX 82521
LINCOLN NE 68501-2521
Customer Service Telephone: 402-323-7830



EXHIBIT

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1.



COPY

JUDGE GETTLEMAN
MAGISTRATE JUDGE COLE

U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. Citizenship and Immigration Services

230 South Dearborn Avenue
Chicago, IL 60604

Raul Guzman-Ruiz
833 E. 160th Place
South Holland, IL 60473
Attny: Olga Rojas

June 01, 2004
NUMBER: A95 405 083

2004 JUN 30 PM 2:23
INS-CHI-EX-115
ADJUDICATION BRANCH

REQUEST FOR EVIDENCE

The documentation submitted during the adjustment interview is not sufficient to warrant a favorable consideration of your petition/application. The following information is also required:

PLEASE SEE FOLLOWING SHEET

Your response must be received in this Office **within 30 days** of the date on this notice, your case is being held in this office pending your response. Within this period you may:

1. -- Submit all of the evidence requested;
2. Submit some or none of the evidence requested and ask for a decision based on the record; or
3. Withdraw the application or petition. (It is noted that if you request that the application or petition be withdrawn, the filing fee cannot be refunded).

You must submit all of the evidence at one time. Submission of only part of the evidence requested will be considered a request for a decision based upon the record (#2 Above). No extension of the period allowed to submit evidence will be granted. If the evidence submitted does not establish that your case was approvable at the time it was filed, it can be denied.

If you do not respond to this request with the time allowed, your case will be considered abandoned and denied due to lack of prosecution. Evidence received in this office after the due date may not be considered.

PLACE THIS LETTER ON TOP OF YOUR RESPONSE. SUBMISSION OF EVIDENCE WITHOUT THIS LETTER WILL DELAY PROCESSING OF YOUR CASE AND MAY RESULT IN A DENIAL.

Please submit all documents to the attention of: Customer Service
P.O. Box 3616
Chicago, IL 60690-3616
ATTN: OFFICER TUAZON
Sincerely,

Michael Comfort

Michael Comfort
District Director

EXHIBIT

tabbles

3.

Department of Homeland Security
U.S. Citizenship and Immigration Services

PLEASE RETURN THIS LETTER WITH YOUR RESPONSE TO ATTN: OFFICER TUAZON

Name: R. Guzman-Ruiz

Alien Registration Number: A95 405 083

PLEASE COMPLY WITH THE BELOW CHECKED ☒ INSTRUCTIONS

- ☐ 1. Please complete the blocks on your enclosed application/petition/form, which are highlighted.
- ☐ 2. Furnish the required fee of \$ 1000 for Form 485a.
- ☐ 3. A foreign document must be accompanied by a translation in English. The translator must certify that he/she is competent to translate and that the translation is accurate.
- ☐ 4. Furnish the date and port of each of your entries into the United States and the name of the ship, plane, or other vehicle on which you traveled or provide a sworn statement of how you entered the United States.
- ☐ 5. Furnish two (2) color photographs. These photos must have a white background, photos must be glossy, unretouched, and not mounted. Dimension of the facial image should be about 1 inch from the chin to top of hair or head, shown in 3/4 frontal view of right side of face with right ear visible.
- ☐ 6. Submit Affidavit of support (Form I-864) which needs to be notarized along with the last three years of tax returns, W2s and a job letter or a current paystub for ☒ Sponsor, and/or ☒ Joint Sponsor. Failure to follow the directions and complete this form accurately may result in denial of your application.
- ☐ 7. You must provide a sworn statement for each and every arrest and for charges against you including the dates and places. You must provide certified court dispositions (not police reports) for each and every arrest and charge.
- ☐ 8. Your case is continued for your fingerprints to clear.
- ☐ 9. Your case is continued because you need to submit new fingerprints. (See attached fingerprint referral letter).
- ☐ 10. Submit medical examination (Form I-693) and immunization supplement form from an INS Certified Civil Surgeon. These documents must be in a sealed envelope from the doctor.
- ☐ 11. Please submit the following types of evidence to support the claimed relationship between the petitioner and the beneficiary:
- ☐ a. Birth Certificates of all children
- ☐ b. Official Marriage Certificate for
- ☐ c. Proof of termination of previous marriages, such as divorce decrees and death certificates.
- ☐ d. Copies of wedding photos and other photos of you and your spouse together during your entire relationship.
- ☐ e. Proof of any joint purchases or ownership, such as TV, furniture, car, house, etc.
- ☐ f. Proof of joint credit established since marriage, such as joint credit cards, loans, etc.
- ☐ g. Proofs of actual shared residence such as lease agreements, property deeds or mortgages, etc. If you have none of the above, provide a notarized affidavit from your current landlord.
- ☐ h. Proof of bank statements for checking and/or savings accounts and canceled checks throughout your marriage.
- ☐ i. Copies of Taxes and W2's for years 2003, 2002 and 2001.
- ☐ j. Proof of medical, life and auto insurance during your marriage.
- ☐ k. Proof of utility bills for a shared residence, such as telephone, electric, gas, etc. You should provide statements that cover the duration of your marriage.

OTHER: Please provide IRS Form 1722 for Isabella Resources, Incorporated for the last 3 years. Provide Form I-864 to be completed and signed by Juan Carlos Guzman.

*****Please return this letter along with the requested evidence.*****

08CV3001

TG

JUDGE GETTLEMAN

MINSKY, McCORMICK & HALLAGAN, P.C.

MAGISTRATE JUDGE COLE

ATTORNEYS AND COUNSELORS

Joseph Minsky (1925-1992)
 Margaret H. McCormick
 James Hallagan,
 Carlina Tapia-Ruano
 Stephen J. Navarre

VIA HAND DELIVERY

June 29, 2004

Sandra Valenzuela
 Eileen Momblanco
 Derek W. Strain
 Jennifer R. Shapiro
 Stephen W. Tamoff
 Olga Rojas

U.S. Department of Homeland Security
 U.S. Citizenship and Immigration Services
Customer Service
 P.O. Box 3616
 Chicago, IL 60690-3616

ATTN: Officer Tuazon

**Re: Request for Evidence
 Application for Adjustment of Status
 Raul Guzman-Ruiz (095-405-083)**

Dear Officer Tuazon:

This letter is submitted in support of the I-485 Application for Adjustment of Status on behalf of Raul Guzman-Ruiz. Per your requested enclosed please find the following document:

- Notice of Entry of Appearance as Attorney or Representative, Form G-28, signed by Juan Carlos Guzman (Isabella Resources, Incorporated).
- Affidavit of Support, Form I-864 signed by Juan Carlos Guzman (Isabella Resources, Incorporated).
- A photocopy of both front and back of Juan Carlos Guzman "Alien Registration Card" (Isabella Resources, Incorporated).
- Copies of Juan Carlos Guzman's (Isabella Resources, Incorporated) U.S. Tax Returns for 2003, 2002 and 2001.
- Original (Isabella Resources, Incorporated) Letter 1722 for 12/31/2003, 12/31/2002 and 12/31/2001.
- Original Letter from Sue Taylor, President of Isabella Resources, Incorporated. Document illustrates that according to the IRS Form 1722 does not exist; therefore Letter 1722 was issued instead.

MMH

122 S. Michigan Ave.
 Suite 1800
 Chicago, IL 60603
 (312) 427-6163 phone
 (312) 427-6513 fax
 www.mmhpc.com

EXHIBIT

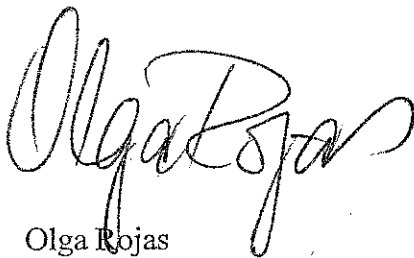
4.

MINSKY, McCORMICK & HALLAGAN, P.C.

ATTORNEYS AND COUNSELORS

If further documentation is necessary, please advise me. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Olga Rojas". The signature is fluid and cursive, with the first name "Olga" being more prominent than the last name "Rojas".

Olga Rojas
Attorney at Law

OR/yv
Enclosures

U.S. Department of Justice
Immigration and Naturalization Service

**Notice of Entry of Appearance
as Attorney or Representative**

Appearances - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

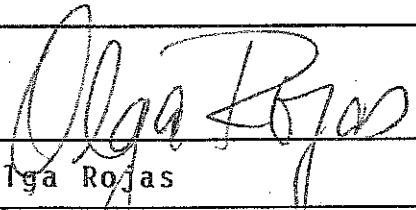
In re: Petition for Alien Relative (Form I-130): Juan Carlos Guzman (Isabella Resources, Incorporated) Raul Guzman-Ruiz	Date: _____ File No. 95-405-083
--	---

I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

Name: Juan Carlos Guzman (Isabella Resources, Incorporated)	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant
Address: (Apt. No.) (Number & Street) 17221 S. Oak Park Ave.	(City) Tinley Park	(State) (Zip Code) IL 60477
Name: Raul Guzman-Ruiz	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant
Address: (Apt. No.) (Number & Street) 833 East 160th Place	(City) Lansing	(State) (Zip Code) IL 60438

Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia Illinois Supreme Court and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
<input type="checkbox"/> 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input checked="" type="checkbox"/> 3. I am associated with CARLINA TAPIA RUANO the attorney of record previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/> 4. Others (Explain Fully.)

SIGNATURE 	COMPLETE ADDRESS MINSKY, McCORMICK & HALLAGAN, P.C. 122 S. Michigan Ave, Suite 1800 Chicago, IL 60603
NAME (Type or Print) Olga Rojas	TELEPHONE NUMBER Voice: 312-427-6163 Fax: 312-427-6513

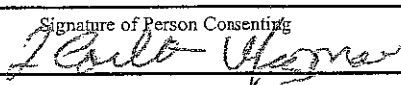
PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

Olga Rojas

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:

Petition for Alien Relative (Form I-130) and all related matters.

Name of Person Consenting Juna Carlos Guzman	Signature of Person Consenting 	Date 6-23-04
--	--	------------------------

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8 CFR 103.10 and 103.20 EISEQ.

U.S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support Under Section 213A of the Act

START HERE - Please Type or Print

Part 1. Information on Sponsor (You)

Last Name Guzman	First Name Juan	Middle Name Carlos
Mailing Address (Street Number and Name) 18338 Torrence		Apt/Suite Number 3C
City Lansing		State or Province IL
Country U.S.A.	ZIP/Postal Code 60437	Telephone Number 708-275-4513
Place of Residence if different from above (Street Number and Name)		Apt/Suite Number
City		State or Province
Country	ZIP/Postal Code	Telephone Number
Date of Birth (Month, Day, Year) 10/12/73	Place of Birth (City, State, Country) Silao, JTO. Mexico	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Social Security Number 335-96-7404	A-Number (If any) 077-383-580	

FOR AGENCY USE ONLY

This Affidavit
☐ Meets
☐ Does not meet
Requirements of
Section 213A

Receipt

Officer or I.J.
Signature

Location

Date

Part 2. Basis for Filing Affidavit of Support

I am filing this affidavit of support because (check one):

- a. ☐ I filed/am filing the alien relative petition.
- b. ☐ I filed/am filing an alien worker petition on behalf of the intending immigrant, who is related to me as my _____ (relationship)
- c. ☒ I have ownership interest of at least 5% **Isabella Resources, Inc.** (name of entity which filed visa petition) which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my **Brother** (relationship)
- d. ☐ I am a joint sponsor willing to accept the legal obligations with any other sponsor(s).

Part 3. Information on the Immigrant(s) You Are Sponsoring

Last Name Guzman-Ruiz	First Name Raul	Middle Name
Date of Birth (Month, Day, Year) 07/05/1975	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (If any) 636-44-9500
Country of Citizenship Mexico	A-Number (If any) 95-405-083	
Current Address (Street Number and Name) 833 East 160th Place	Apt/Suite Number	City South Holland
State/Province IL	Country U.S.A.	ZIP/Postal Code 60473
		Telephone Number (708) 825-9536

List any spouse and/or children immigrating with the immigrant named above in this Part: (Use additional sheet of paper if necessary.)

Name	Relationship to Sponsored Immigrant			Date of Birth			A-Number (If any)	Social Security (If any)
	Spouse	Son	Daughter	Mo.	Day	Yr.		
None								

Part 4. Eligibility to Sponsor

To be a sponsor you must be a U.S. citizen or national or a lawful permanent resident. If you are not the petitioning relative, you must provide proof of status. To prove status, U.S. citizens or nationals must attach a copy of a document proving status, such as a U.S. passport, birth certificate, or certificate of naturalization, and lawful permanent residents must attach a copy of both sides of their Permanent Resident Card (Form I-551).

The determination of your eligibility to sponsor an immigrant will be based on an evaluation of your demonstrated ability to maintain an annual income at or above 125 percent of the Federal poverty line (100 percent if you are a petitioner sponsoring your spouse or child and you are on active duty in the U.S. Armed Forces). The assessment of your ability to maintain an adequate income will include your current employment, household size, and household income as shown on the Federal income tax returns for the 3 most recent tax years. Assets that are readily converted to cash and that can be made available for the support of sponsored immigrants if necessary, including any such assets of the immigrant(s) you are sponsoring, may also be considered.

The greatest weight in determining eligibility will be placed on current employment and household income. If a petitioner is unable to demonstrate ability to meet the stated income and asset requirements, a joint sponsor who *can* meet the income and asset requirements is needed. Failure to provide adequate evidence of income and/or assets or an affidavit of support completed by a joint sponsor will result in denial of the immigrant's application for an immigrant visa or adjustment to permanent resident status.

A. Sponsor's Employment

- I am: 1. ☐ Employed by _____ (Provide evidence of employment)
 Annual salary _____ or hourly wage \$ _____ (for _____ hours per week)
 2. ☒ Self employed Isabella Resources, Incorporated (Name of business)
 Nature of employment or business Restaurant
 3. ☐ Unemployed or retired since _____

B. Sponsor's Household Size

- | | Number |
|--|---------|
| 1. Number of persons (related to you by birth, marriage, or adoption) living in your residence, including yourself (Do NOT include persons being sponsored in this affidavit.) | 1 |
| 2. Number of immigrants being sponsored in this affidavit (Include all persons in Part 3.) | 1 |
| 3. Number of immigrants NOT living in your household whom you are obligated to support under a previously signed Form I-864. | 0 |
| 4. Number of persons who are otherwise dependent on you, as claimed in your tax return for the most recent tax year. | 0 |
| 5. Total household size. (Add lines 1 through 4.) | Total 2 |

List persons below who are included in lines 1 or 3 for whom you previously have submitted INS Form I-864, if your support obligation has not terminated.

(If additional space is needed, use additional paper)

Name	A-Number	Date Affidavit of Support Signed	Relationship
None			

Part 4. Eligibility to Sponsor (Continued)**C. Sponsor's Annual Household Income**

Enter total unadjusted income from your Federal income tax return for the most recent tax year below. If you last filed a joint income tax return but are using only your *own* income to qualify, list total earnings from your W-2 Forms, or, if necessary to reach the required income for your household size, include income from other sources listed on your tax return. If your *individual* income does not meet the income requirement for your household size, you may also list total income for anyone related to you by birth, marriage, or adoption currently living with you in your residence if they have lived in your residence for the previous 6 months, or any person shown as a dependent on your Federal income tax return for the most recent tax year, even if not living in the household. For their income to be considered, household members or dependents must be willing to make their income available for support of the sponsored immigrant(s) and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. A sponsored immigrant/household member only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

You must attach evidence of current employment and copies of income tax returns as filed with the IRS for the most recent 3 tax years for yourself and all persons whose income is listed below. See "Required Evidence" in Instructions. Income from all 3 years will be considered in determining your ability to support the immigrant(s) you are sponsoring.

- ☒ I filed a single/separate tax return for the most recent tax year.
☐ I filed a joint return for the most recent tax year which includes only my own income.
☐ I filed a joint return for the most recent tax year which includes income for my spouse and myself.
☐ I am submitting documentation of my individual income (Forms W-2 and 1099).
☐ I am qualifying using my spouse's income; my spouse is submitting a Form I-864A.

Indicate most recent tax year

	2003 (tax year)
Sponsor's individual income	\$ 36,522.00
or	
Sponsor and spouse's combined income (If spouse's income is to be considered, spouse must submit Form I-864A.)	\$ _____
Income of other qualifying persons. (List names; include spouse if applicable. Each person must complete Form I-864A.)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Household Income	\$ 36,522.00

Explain on separate sheet of paper if you or any of the above listed individuals were not required to file Federal income tax returns for the most recent 3 years, or if other explanation of income, employment, or evidence is necessary.

D. Determination of Eligibility Based on Income

- ☒ I am subject to the 125 percent of poverty line requirement for sponsors.
☐ I am subject to the 100 percent of poverty line requirement for sponsors on active duty in the U.S. Armed Forces sponsoring their spouse or child.
- Sponsor's total household size, from Part 4.B., line 5 2
- Minimum income requirement from the Poverty Guidelines chart for the year of 2004 is \$ 15,150
for this household size. (year)

If you are currently employed and your household income for your household size is equal to or greater than the applicable poverty line requirement (from line D.3.), you do not need to list assets (Parts 4.E. and 5) or have a joint sponsor (Part 6) unless you are requested to do so by a Consular or Immigration Officer. You may skip to Part 7, Use of the Affidavit of Support to Overcome Public Charge Ground of Admissibility. Otherwise, you should continue with Part 4.E.

Part 4. Eligibility to Sponsor*(Continued)***E. Sponsor's Assets and Liabilities**

Your assets and those of your qualifying household members and dependents may be used to demonstrate ability to maintain an income at or above 125 percent (or 100 percent, if applicable) of the poverty line *if* they are available for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year. The household member, other than the immigrant(s) you are sponsoring, must complete and sign Form I-864A, Contract Between Sponsor and Household Member. List the cash value of each asset *after* any debts or liens are subtracted. Supporting evidence must be attached to establish location, ownership, date of acquisition, and value of each asset listed, including any liens and liabilities related to each asset listed. See "Evidence of Assets" in Instructions.

Type of Asset	Cash Value of Assets (Subtract any debts)
Savings deposits	\$
Stocks, bonds, certificates of deposit	\$
Life insurance cash value	\$
Real estate	\$
Other (specify)	\$
Total Cash Value of Assets	\$ 0.00

Immigrant's Assets and Offsetting Liabilities

Sponsored immigrant's assets may also be used in support of your ability to maintain income at or above 125 percent of the poverty line *if* the assets are or will be available in the United States for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year.

The sponsored immigrant should provide information on his or her assets in a format similar to part 4.E. above. Supporting evidence must be attached to establish location, ownership, and value of each asset listed, including any liens and liabilities for each asset listed. See "Evidence of Assets" in Instructions.

Part 5. Joint Sponsors

If household income and assets do not meet the appropriate poverty line for your household size, a joint sponsor is required. There may be more than one joint sponsor, but each joint sponsor must individually meet the 125 percent of poverty line requirement based on one joint sponsor's household income and/or assets, including any assets of the sponsored immigrant. By submitting a separate Affidavit of Support under Section 213A of the Act (Form I-864), a joint sponsor accepts joint responsibility with the petitioner for the sponsored immigrant(s) until they become U.S. citizens, can be credited with 40 quarters of work, leave the United States permanently, or die.

Part 7.**of the Affidavit of Support to Overcome Public Charge Ground of Inadmissibility**

Section 212(a)(4)(C) of the Immigration and Nationality Act provides that an alien seeking permanent residence as an immediate relative (including an orphan), as a family-sponsored immigrant, or as an alien who will accompany or follow to join another alien is considered to be inadmissible to the United States unless a sponsor submits a legally enforceable affidavit of support on behalf of the alien. Section 212(a)(4)(D) imposes the same requirement on an employment-based immigrant, and those who accompany or follow to join the employment-based immigrant, if the employment-based immigrant will be employed by a firm in which a relative owns a significant interest. Separate affidavits of support are required for family members at the time they immigrate if they are not included on this affidavit of support or do not apply for an immigrant or adjustment of status within 6 months of the date this affidavit of support is originally signed. The sponsor must provide the sponsored immigrant(s) whatever support is necessary to maintain them at an income that is at least 125 percent of the Federal poverty guidelines.

I submit this affidavit of support in consideration of the sponsored immigrant(s) not being found inadmissible to the United States under section 212(a)(4)(C) (or 212(a)(4)(D) for an employment-based immigrant) and to enable the sponsored immigrant(s) to overcome this ground of inadmissibility. I agree to provide the sponsored immigrant(s) whatever support is necessary to maintain the sponsored immigrant(s) at an income that is at least 125 percent of the Federal poverty guidelines. I understand that my obligation will continue until my death or the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die.

Part 7. Use of the Affidavit of Support to Overcome Public Charge Grounds (Continued)

I acknowledge that section 213A(a)(1)(B) of the Act grants the sponsored immigrant(s) and any Federal, State, local, or private agency that pays any means-tested public benefit to or on behalf of the sponsored immigrant(s) standing to sue me for failing to meet my obligations under this affidavit of support. I agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this affidavit of support. I agree that no lawsuit to enforce this affidavit of support shall be barred by any statute of limitations that might otherwise apply, so long as the plaintiff initiates the civil lawsuit no later than ten (10) years after the date on which a sponsored immigrant last received any means-tested public benefits.

Collection of Judgment.

I acknowledge that a plaintiff may seek specific performance of my support obligation. Furthermore, any money judgment against me based on this affidavit of support may be collected through the use of a judgment lien under 28 U.S.C 3201, a writ of execution under 28 U.S.C 3203, a judicial installment payment order under 28 U.S.C 3204, garnishment under 28 U.S.C 3205, or through the use of any corresponding remedy under State law. I may also be held liable for costs of collection, including attorney fees.

Concluding Provisions.

I, Juan Carlos Guzman, certify under penalty of perjury under the laws of the United States that:

- (a) I know the contents of this affidavit of support signed by me;
- (b) All the statements in this affidavit of support are true and correct,
- (c) I make this affidavit of support for the consideration stated in Part 7, freely, and without any mental reservation or purpose of evasion;
- (d) Income tax returns submitted in support of this affidavit are true copies of the returns filed with the Internal Revenue Service; and
- (e) Any other evidence submitted is true and correct.

J Carlos Guzman

(Sponsor's Signature)

6-23-04

(Date)

Subscribed and sworn to (or affirmed) before me this

23 day of June, 2004

(Month)

(Year)

at LaSalle, Illinois

My commission expires on 4/12/08

Belen H Guerrero
(Signature of Notary Public or Officer Administering Oath)

Notary Public
(Title)

**Part 8. If someone other than the sponsor prepared this affidavit of support, that person must complete the following:**

I certify under penalty of perjury under the laws of the United States that I prepared this affidavit of support at the sponsor's request, and that this affidavit of support is based on all information of which I have knowledge.

Signature <u>Olga Rojas</u>	Print Your Name <u>Olga Rojas</u>	Date <u>6/29/04</u>	Daytime Telephone Number <u>312-427-6163</u>
Firm Name and Address <u>MINSKY, McCORMICK & HALLAGAN, P.C.</u> <u>122 S. Michigan Ave, Suite 1800, Chicago, IL, 60603</u>			

Department of the Treasury- Internal Revenue Service

Form **1040**

U.S. Individual Income Tax Return 2003

(99) IRS Use Only- Do not write or staple in this space

Label
(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 19.)

L A B E L H E R E	For the year Jan. 1-Dec. 31, 2003, or other tax year beginning , 2003, ending , 20		OMB No. 1545-0074
	Your first name and initial Juan	Last name Guzman	Your social security number 335-96-7404
	If a joint return, sp. first name & initial	Last name	Spouse's social security number
	Home address (number and street). If you have a P.O. box, see page 19. 18338 Torrence Ave		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. Lansing IL 60438		Important! You must enter your SSN(s) above.	

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You ☐ Yes ☒ No Spouse ☐ Yes ☐ No

Filing Status

Check only one box.

- 1 ☒ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
- 4 ☐ Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

Exemptions

If more than five dependents, see page 21.

6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a	No. of boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 21) Dependents on 6c not entered above. Add numbers on lines above.
b <input type="checkbox"/> Spouse	
c Dependents:	
d Total number of exemptions claimed	

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Ck. if qual. child for child tax credit (see pg. 21)

Income

Attach Forms W-2 and 1099-R here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	34,404
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see page 23)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13a Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13a	
b If box on 13a is checked, enter post-May 5 capital gain distributions	13b	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see page 25)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see page 25)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	2,118
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see page 27)	20b	
21 Other income. List type & amt. (see page 27)	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	36,522
23 Educator expenses (see page 29)	23	
24 IRA deduction (see page 29)	24	
25 Student loan interest deduction (see page 31)	25	
26 Tuition and fees deduction (see page 32)	26	
27 Moving expenses. Attach Form 3903	27	
28 One-half of self-employment tax. Attach Schedule SE	28	
29 Self-employed health insurance deduction (see page 33)	29	
30 Self-employed SEP, SIMPLE, and qualified plans	30	
31 Penalty on early withdrawal of savings	31	
32a Alimony paid b Recipient's SSN	32a	
33 Add lines 23 through 32a	33	
34 Subtract line 33 from line 22. This is your adjusted gross income	34	36,522

Adjusted Gross Income

16 Write the amount of your tax from Page 1, Step 6, Line 15 here.

16

1,036

Step 7: Payments and Credits

Attach W-2's (Attach to front)	17 Write the total amount of Illinois Income Tax withheld from your pay as shown on your W-2 forms, generally found in Box 17.	17	1,032
	18 Write any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2002 overpayment.	18	
Schedule CR Other states' returns and required schedules	19 If you paid income tax to another state while an Illinois resident, complete Schedule CR and write the amount from Line 8 of that schedule here.	19	
	20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions. Write PT Worksheet Line 3 amount here. → 20a	20a	
	Write PT Worksheet Line 8 amount here. → 20b	20b	
Receipt or Schedule ED	21 If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here. → 21a	21a	
	Write Schedule ED or ED Worksheet Line 10 amount here. → 21b	21b	
	22 If you received a federal EIC, complete the EIC Worksheet in instructions. Write EIC Worksheet Line 1 amount here. → 22a	22a	
	Write your EIC credit amount from the EIC Worksheet here. → 22b	22b	
Schedule 1299-C	23 If you completed Illinois Schedule 1299-C, write the amount from Step 4, Line 51 here. → 23	23	
	24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits.	24	1,032

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment.	25	
26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due.	26	4

Step 9: Penalty

Attach	27 Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28.	27	
Form IL-2210	a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>	
	b Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.		
Wildlife Preservation a	Breast Cancer Research e	Lou Gehrig's Disease i
Child Abuse Prevention b	Prostate Cancer Research f	WWII Veterans Memorial j
Alzheimer's Research c	Multiple Sclerosis g	Asthma & Lung Research k
Homeless Assistance d	Military Family Relief h	Leukemia Treatment l
Add Lines a through l. This is your voluntary contributions total.	28	0
29 Add Line 27 and Line 28. This is your total penalty and donations.	29	

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.	30	
31 Write the amount from Line 30 that you want applied to your 2004 estimated tax.	31	
32 Subtract Line 31 from Line 30. This is your refund.	32	
Direct Deposit See instructions	33 Direct deposit your refund by completing the following information.	
	Routing number <input type="text"/> Checking or <input type="checkbox"/> Savings	
	Account number <input type="text"/>	
Payment Options See instructions	34 If you have tax due on Line 26, add Lines 26 and 29. or If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe.	34
		4

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Your signature	Date	Daytime phone number	Your spouse's signature	Date
	3/11/04	708-335-0900	36-3243739	
Paid preparer's signature	Date	Preparer's phone number	Preparer's FEIN, SSN, or PTIN	

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

DR _____ AP _____ ME _____ ZZ _____ SE _____ WA _____ RR _____ RX _____ NS _____ DC _____ ID _____

This information is being furnished to the IRS. If you are required to file a return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C For EMPLOYEE'S RECORD (See Notice to Employee.)		2003	OMB No. 1545-0008
a Control number	1 Wages, tips, other comp. 34404.45	2 Federal income tax withheld 5414.69	
2	3 Social security wages 32910.45	4 Social security tax withheld 2133.08	
b Employer ID number 36-4394635	5 Medicare wages and tips 34404.45	6 Medicare tax withheld 498.86	
c Employer's name, address, and ZIP code ISABELLA RESOURCES, INC. 17211 S. OAK PARK AVE. TINLEY PARK IL 60477			
d Employee's social security number 335-96-7404			
e Employee's name, address, and ZIP code JUAN GUZMAN 18338 TORRENCE AVENUE # 3C LANSING IL 60438			
7 Social security tips 1494.00		8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits		11 Nonqualified plans	12a Code
13 Statutory employee	14 Other		12b Code
Retirement plan			12c Code
Third-party sick pay			12d Code
IL	364394635	34404.45	1032.08
15 State Emplr.'s state I.D. #		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 34404.45		19 Local income tax	20 Locality name ???

Form W-2 Wage and Tax Statement
DAA

Dept. of the Treasury - IRS

COPY

1040 U.S. Individual Income Tax Return 2002 (99) IRS Use Only - Do not write or staple in this space. OMB No. 1545-0074

For the year Jan. 1-Dec. 31, 2002, or other tax year beginning ending

Label Your first name M.I. Last name Suffix
 Juan Carlos M.I. Guzman Suffix
 If a joint return, spouse's first name M.I. Last name Suffix

Your social security no. 335-96-7404
 Spouse's social security no.

Home address (number and street). If you have a P. O. box, see page 21. Apt. no.
 18338 Torrence Avenue
 City, town or post office State ZIP code
 Lansing IL 60438

IMPORTANT!
 You MUST enter your SSN(s) above.

Presidential Election Campaign NOTE. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You ☐ Yes ☒ No Spouse ☐ Yes ☐ No

Filing Status
 1 ☒ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
 4 ☐ Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here.
 5 ☐ Qualifying widow(er) with dependent child (year spouse died). (See page 21.)

Check only one box. First name: Last name: Name SSN:

Exemptions
 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, DO NOT check box 6a.
 b ☐ Spouse.
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If qualifying child for child tax credit
 If more than five dependents, see page 22.
 d Total number of exemptions claimed

No. of boxes checked on 6a and 6b 1
 No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation
 Dependents on 6c not entered above
 Add numbers on lines above 1

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2
 8a TAXABLE interest. Attach Schedule B if required
 b TAX-EXEMPT interest. DO NOT include on line 8a
 9 Ordinary dividends. Attach Schedule B if required
 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ
 13 Capital gain or (loss). Attach Sch. D if required. If not required, check here ☐
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions 15a Taxable amount
 16a Pensions and annuities 16a Taxable amount
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
 18 Farm income or (loss). Attach Schedule F
 19 Unemployment compensation
 20a Social security benefits 20a Taxable amount
 21 Other income. List type and amount (see page 29) See attached worksheet
 22 Add the amounts in the far right column for lines 7 through 21. This is your TOTAL INCOME

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.
 If you did not get a W-2, see page 23.
 Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income
 23 Educator expenses (see page 29)
 24 IRA deduction (see page 29)
 25 Student loan interest deduction (see page 31)
 26 Tuition and fees deduction (see page 32)
 27 Archer MSA deduction. Attach Form 8853
 28 Moving expenses. Attach Form 3903
 29 One-half of self-employment tax. Attach Schedule SE
 30 Self-employed health insurance deduction (see page 33)
 31 Self-employed SEP, SIMPLE, and qualified plans
 32 Penalty on early withdrawal of savings
 33a Alimony paid b Recipient's SSN
 34 Add lines 23 through 33a
 35 Subtract line 34 from line 22. This is your ADJUSTED GROSS INCOME

7 35,307
 8a
 9
 10
 11
 12
 13
 14
 15b
 16b
 17 988
 18
 19
 20b
 21 -988
 22 35,307
 23
 24
 25
 26
 27
 28
 29
 30 877
 31
 32
 33a
 34 877
 35 34,430

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 76. (HTA) Form 1040 (2002)

Juan Carlos Guzman

335-98-7404

Step 6: Figure your tax

15 RESIDENTS: Write your net income from Line 13.

15 5,009

16 RESIDENTS: Multiply Line 15 by 3% (.03). Write the result on Line 16. This is your TAX.

16 174

NONRESIDENTS AND PART-YEAR RESIDENTS: Write the tax from Schedule NR, Step 5, Line 51.

Attach

Step 7: Figure your payments and credits

W-2's (Attach to front)

17 Write the total amount of Illinois Income Tax that was withheld from your pay as shown on your W-2 forms, generally found in Box 17.

17 578

18 Write any estimated payments you made with Forms IL-1040-ES and IL-505-1. Include any credit from your 2000 overpayment.

18

Schedule CR
Other states' returns and required schedules

19 If you paid income tax to another state, complete Illinois Schedule CR and write the amount from Line 8 of that schedule here.

19

20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions.

Write PT Worksheet Line 3 amount here.

20a

Write PT Worksheet Line 8 amount here.

20b

Receipt or Schedule ED

21 If you paid education expenses, see instructions. Write Schedule ED or

ED Worksheet Line 1 amount here.

21a

Write Schedule ED or ED Worksheet Line 10 amount here.

21b

22 If you received a federal EIC, complete the EIC Worksheet in instructions.

Write EIC Worksheet Line 1 amount here.

22a

Write EIC Worksheet Lines 9 or 12 amount here.

22b

Schedule 1200-C

23 If you completed Illinois Schedule 1200-C, write the amount from Section II, Part IX, Line 49.

23

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your total payments and credits.

24 578

Step 8: Figure your overpayment or your tax due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your OVERPAYMENT.

25 402

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your TAX DUE.

26

Step 9: Figure your penalty

27 Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28.

27

Attach

Form IL-2210

Check the box if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home.

☐**Step 10: Figure your donations** Any donation will reduce your refund or increase the amount you owe.

28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.

Wildlife Preservation

a

Breast Cancer Research

e

Child Abuse Prevention

b

Prostate Cancer Research

f

Alzheimer's Research

c

World War II Memorial

g

Homeless Assistance

d

Korean War Fund

h

Add Lines a through h. This is your total voluntary contributions.

28

29 Add Line 27 and Line 28. This is your total penalty and donations.

29

Step 11: Figure your refund or the amount you owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.

30 402

31 WRITE THE AMOUNT FROM LINE 30 THAT YOU WANT APPLIED TO YOUR 2002 ESTIMATED TAX.

31

32 Subtract Line 31 from Line 30. This is your REFUND.

32 402

Direct Deposit

See instructions

33 Direct deposit your refund by completing the following information.

Routing number

Type of account

☐ Checking☐ Savings

Account number

Payment Options

See instructions

34 If you have tax due on Line 28, add Lines 26 and 29. OR

If you have an overpayment on Line 25 and this amount is less than Line 29,

subtract Line 25 from Line 29. This is the AMOUNT YOU OWE.

34

Step 12: Sign and date your return

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Your signature

Date

Daytime phone number

Your spouse's signature

Date

Paid preparer's signature

Date

Preparer's phone number

316-58-8445

Preparer's FEIN, SSN, or PTIN

If you use a preparer and want a booklet next year, check the box.

☐If no payment is enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

AP

DR

ME

ZZ

SE

WA

RX

NS

DC

ID

a Control number		22222		OMB No. 1545-0008	
b Employer identification number		36-4394635		1 Wages, tips, other compensation 35306.90	
c Employer's name, address, and ZIP code ISABELLA RESOURCES, INCORPORATE 17211 S. OAK PARK AVENUE TINLRY PARK, IL 60477		3 Social security wages 34999.90		2 Federal income tax withheld 5283.00	
		5 Medicare wages and tips 35306.90		4 Social security tax withheld 2189.03	
		7 Social security tips 307.00		6 Medicare tax withheld 511.95	
d Employee's social security number 335-96-7404		9 Advance EIC payment		8 Allocated tips	
e Employee's first name and initial Last name JAUN C GUZMAN 18338 TORRENCE AVE., #3C LANSING, IL 60438		11 Nonqualified plans		10 Dependent care benefits	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a	
		14 Other		12b	
				12c	
f Employee's address and ZIP code				12d	
15 State Employer's state ID number IL 3163-6527		16 State wages, tips, etc. 35306.90		17 State income tax 1059.09	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locally name	

Form **W-2** Wage and Tax
Statement
Copy 1 For State, City, or Local Tax Department

2002
(Rev. February 2002)

Department of the Treasury—Internal Revenue Service

Department of the Treasury - Internal Revenue Service

1040 U.S. Individual Income Tax Return 2001

(99) IRS Use Only - Do not write or staple in this space.

Label

(See instructions on page 19.)

Use the IRS label.

Other-wise, please print or type.

For the year Jan. 1-Dec. 31, 2001, or other tax year beginning

ending

OMB No. 1545-0074

Your first name

M.I.

Last name

Suffix

Your social security no.

Juan Carlos

Guzman

335-98-7404

If a joint return, spouse's first name

M.I.

Last name

Suffix

Spouse's social security no.

Home address (number and street). If you have a P. O. box, see page 19.

Apt. no.

18338 Torrence Avenue

City, town or post office

State

ZIP code

Lansing

IL

60438

IMPORTANT!You **MUST** enter your SSN(s) above.

Presidential

Election Campaign

NOTE. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You

Spouse

☐ Yes☒ No☐ Yes☐ No**Filing Status**

Check only one box.

1

☒ X

Single

2

☐

Married filing joint return (even if only one had income)

First name:

Last name:

3

☐

Married filing separate return. Enter spouse's SSN above and full name here.

4

☐

Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here.

SSN:

5

☐Qualifying widow(er) with dependent child (year spouse died ☐). (See page 19.)**Exemptions**6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, DO NOT check box 6a.

No. of boxes checked on 6a and 6b

1

b

☐

Spouse.

No. of your children

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit

on 6c who:

* lived with you
* did not live with you due to divorce or separation

Dependents on 6c not entered above

Add numbers entered on lines above

1

d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2s here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a TAXABLE interest. Attach Schedule B if required
- b TAX-EXEMPT interest. DO NOT include on line 8a
- 9 Ordinary dividends. Attach Schedule B if required
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Sch. D if required. If not required, check here ☐
- 14 Other gains or (losses). Attach Form 4797
- 15a Total IRA distributions
- 15b Taxable amount
- 16a Total pensions and annuities
- 16b Taxable amount
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits
- 20b Taxable amount
- 21 Other income. List type and amount (see page 27)

22 Add the amounts in the far right column for lines 7 through 21. This is your TOTAL INCOME

23 IRA deduction (see page 27)

24 Student loan interest deduction (see page 28)

25 Archer MSA deduction. Attach Form 8853

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed health insurance deduction (see page 30)

29 Self-employed SEP, SIMPLE, and qualified plans

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 Add lines 23 through 31a

33 Subtract line 32 from line 22. This is your ADJUSTED GROSS INCOME

7 19,176

8a

8b

9

10

11

12

13

14

15a

15b

16a

16b

17

18

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20a

20b

21

22

23

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31a

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33

19,176

8a

8b

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15a

15b

16a

16b

17

18

19

20a

20b

21

22

23

24

25

26

27

28

29

30

31a

32

33

7,809

7,809

7,809

7,809

7,809

Form 1040 (2001)		Juan Carlos Guzman		335-96-7404		Page 2	
Tax and Credits	34	Amount from line 33 (adjusted gross income)		34		7,809	
	35a	Check if: <input type="checkbox"/> YOU were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> SPOUSE was 65 or older, <input type="checkbox"/> Blind.					
		Add the number of boxes checked above and enter the total here	35a				
	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	35b				
	36	ITEMIZED DEDUCTIONS (from Schedule A) OR your STANDARD DEDUCTION (see left margin)		36		4,550	
	37	Subtract line 36 from line 34		37		3,259	
	38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32		38		2,900	
	39	TAXABLE INCOME. Subtract line 38 from line 37. If line 39 is more than line 37, enter -0-		39		359	
	40	TAX (see pg 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		40		54	
	41	ALTERNATIVE MINIMUM TAX (see page 34). Attach Form 6251		41			
	42	Add lines 40 and 41		42		54	
	43	Foreign tax credit. Attach Form 1116 if required	43				
	44	Credit for child and dependent care expenses. Attach Form 2441	44				
	45	Credit for the elderly or the disabled. Attach Schedule R	45				
	46	Education credits. Attach Form 8863	46				
	47	Rate reduction credit. See the worksheet on page 36	47				
	48	Child tax credit (see page 37)	48				
	49	Adoption credit. Attach Form 8839	49				
	50	Other credits from: a <input checked="" type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396					
	c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	54				
	51	Add lines 43 through 50. These are your TOTAL CREDITS		51		54	
	52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-		52			
Other Taxes	53	Self-employment tax. Attach Schedule SE		53			
	54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		54			
	55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required		55			
	56	Advance earned income credit payments from Form(s) W-2		56			
	57	Household employment taxes. Attach Schedule H		57			
	58	Add lines 52 through 57. This is your TOTAL TAX		58			
Payments	59	Federal income tax withheld from Forms W-2 and 1099	59		2,977		
	60	2001 estimated tax payments and amount applied from 2000 return	60				
	61a	Earned Income Credit (EIC)	61a				
	b	Nontaxable earned income	61b				
	62	Excess social security and RRTA tax withheld (see page 51)	62				
	63	Additional child tax credit. Attach Form 8812	63				
	64	Amount paid with request for extension to file (see page 51)	64				
	65	Other payments. Check if from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65				
	66	Add lines 59, 60, 61a, and 62 through 65. These are your TOTAL PAYMENTS		66		2,977	
Refund	67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you OVERPAID.		67		2,977	
	68a	Amount of line 67 you want REFUNDED TO YOU		68a		2,977	
	b	Routing number					
	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
	d	Account number					
	69	Amount of line 67 you want APPLIED TO YOUR 2002 ESTIMATED TAX	69				
Amount You Owe	70	AMOUNT YOU OWE. Subtract line 66 from line 58. For details on how to pay, see page 52		70			
	71	Estimated tax penalty. Also include on line 70	71				
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see page 53)? <input type="checkbox"/> YES. Complete the following. <input type="checkbox"/> NO						
	Designee's name	Phone no.	Personal identification number (PIN)				
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						
	Your signature	Date	Your occupation	Daytime phone no.			
	Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation	Home phone no.			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN			
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.				
	State	IN	ZIP code		46373		

a Control number		OMB No. 1545-0008		Safe, accurate, FASTI Use		e-file		Visit the IRS Web Site at www.irs.gov.	
b Employer identification number 36-3480235				1 Wages, tips, other compensation 5950.00		2 Federal income tax withheld 734.00			
c Employer's name, address, and ZIP code CAFE BORGIA, INC. 17923 TORRENCE AVENUE LANSING, IL 60438				3 Social security wages 5950.00		4 Social security tax withheld 368.90			
				5 Medicare wages and tips 5950.00		6 Medicare tax withheld 86.28			
				7 Social security tips		8 Allocated tips			
d Employee's social security number 335-96-7404				9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial JUAN CARLOS GUZMAN				11 Nonqualified plans		12a See instructions for box 12			
18338 TORRENCE AVENUE LANSING, IL 60438				12a See instructions for box 12		12b			
				12c		12d			
f Employee's address and ZIP code				13 State wages, tips, etc. 5950.00		14 Local wages, tips, etc.		15 Local income tax 178.50	
16 State Employer's state ID number IL 1936-7872				17 State income tax		18 Local income tax		19 Locality name	

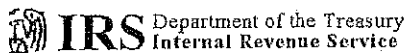
Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement
2001
 Copy B To Be Filed with Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008		Safe, accurate, FASTI Use		e-file		Visit the IRS Web Site at www.irs.gov.	
b Employer identification number 36-4394635				1 Wages, tips, other compensation 13225.72		2 Federal income tax withheld 2242.00			
c Employer's name, address, and ZIP code ISABELLA RESOURCES, INCORPORATE 17211 S. OAK PARK AVENUE TINLRY PARK, IL 60477				3 Social security wages 12115.35		4 Social security tax withheld 819.99			
				5 Medicare wages and tips 13225.72		6 Medicare tax withheld 191.77			
				7 Social security tips		8 Allocated tips			
d Employee's social security number 335-96-7404				9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial JAUN C GUZMAN				11 Nonqualified plans		12a See instructions for box 12			
18338 TORRENCE AVE., #3C LANSING, IL 60438				12a See instructions for box 12		12b			
				12c		12d			
f Employee's address and ZIP code				13 State wages, tips, etc. 13225.72		14 Local wages, tips, etc.		15 Local income tax 396.75	
16 State Employer's state ID number IL				17 State income tax		18 Local income tax		19 Locality name	

Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement
2001
 Copy B To Be Filed with Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.



CINCINNATI OH 45999-0038

ISABELLA RESOURCES INCORPORATED
 % SUE TAYLOR
 17211 S OAK PARK AVE
 TINLEY PARK IL 60477-3401116

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
 EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

0441404575

BODCD-SB

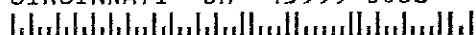
Use for payments

Letter Number: LTR1722C
 Letter Date : 2004-06-23
 Tax Period : 200112



364394635

INTERNAL REVENUE SERVICE
 CINCINNATI OH 45999-0038



ISABELLA RESOURCES INCORPORATED
 % SUE TAYLOR
 17211 S OAK PARK AVE
 TINLEY PARK IL 60477-3401116

**IRS**Department of the Treasury
Internal Revenue Service

Case 1:08-cv-03001

Document 1-5

Filed 05/22/2008

Page 19 of 22

CINCINNATI OH 45999-0038

In reply refer to: 0441404575

June 23, 2004 LTR 1722C

36-4394635 200112 02 000

Input Op: 0441404575 12969

BODC: SB

ISABELLA RESOURCES INCORPORATED

% SUE TAYLOR

17211 S OAK PARK AVE

TINLEY PARK IL 60477-3401116

Employer Identification Number: 36-4394635

Person to Contact: Joan Taylor

Telephone Number: 801-620-5353

Name of Taxpayer: Isabella Resources Incorporate

Dear Taxpayer:

In reply to your inquiry of June 14, 2004, our records show the following:

Return Filed:

Form 1120S

Method of Accounting:

Accounting Period:

Tax Period Ending: Dec. 31, 2001 Dec. 31, 2002 Dec. 31, 2003

Net Sales/Receipts	\$	213,307.00	509,178.00	496,545.00
Cost of Goods Sold	\$	117,095.00	185,645.00	206,242.00
Salaries and Wages	\$	9,022.00	14,823.00	58,473.00
Depreciation	\$	9,583.00	18,670.00	16,333.00
Interest (Deduction)	\$	26,154.00	38,497.00	16,624.00
Taxable/Ordinary Income	\$.00	26,016.00	34,147.00

If you have any questions concerning this matter, please call or write our office. Use the telephone number or address shown above.

0441404575

June 23, 2004 LTR 1722C

36-4394635 200112 02 000

Input Op: 0441404575 12970

ISABELLA RESOURCES INCORPORATED
% SUE TAYLOR
17211 S OAK PARK AVE
TINLEY PARK IL 60477-3401116

Whenever you write to us, please enclose a copy of this letter and include your daytime telephone number and the best time for us to call you.

Your telephone number (____) _____ Hours _____

Sincerely yours,



Rita Sandoval
Accounts Management II

Isabella Cafe



June 23, 2004

Officer Tuazon
District Director Michael Comfort
Department of Homeland Security
U.S. Citizenship and Immigration Services
10 W. Jackson Blvd.
Chicago, IL 60604

Re: A095 405 083 - Guzman-Ruiz, Raul

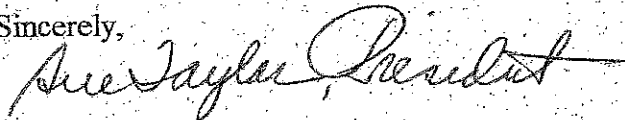
Dear Officer Tuazon and District Director Michael Comfort:

Please be advised that pursuant to your requirement, I contacted the Internal Revenue Service on June 14, 2004 to request Form 1722 for Isabella Resources, Inc. I spoke with IRS Customer Service representative, Ms. Joanie Taylor, #2914292, who told me that although there is not a "Form" 1722, there is a "Letter" 1722. She also said she would complete the forms and send me the transcripts of our account (Letter 1722). She told me that it might take 10 business days.

As of today, June 23, 2004, since I have not yet received Ms. Taylor's correspondence, I again called the IRS. I spoke with IRS Customer Service representative, Ms. Butts, #1707256, who informed me that her records indicate that a transcript was ordered and sent to us on June 14. She suggested that I should be getting the transcripts in the next few days. As soon as I receive these forms, I will forward them to you for Raul's file.

Please let me know if there is anything else I can do to assist in facilitating this process. And thank you for helping Raul with this most important matter.

Sincerely,



Sue Taylor, President
Isabella Café and Catering
312.213.0838 (cell)
708.444.8555 (restaurant)

National Visa Center
32 Rochester Avenue
Portsmouth, NH 03801-2909
Phone: (603) 334-0700
E-mail: NVCInquiry@state.gov

May 2, 2008



LOKMAN AYKAL
503 N. RUSSELL ST
CHAMPAIGN, IL 61821

DEAR LOKMAN AYKAL:

Your inquiry has been received at the National Visa Center (NVC).

The NVC received notification of the beneficiary's intent to adjust status in the United States. The NVC does not process adjustment of status cases. We will hold the petition at the NVC until we are notified by the U.S. Citizenship and Immigration Services (CIS-formerly known as INS) to return the petition to them.

To apply for adjustment of status in the US you must contact the nearest CIS office and submit a copy of the approval notice (Notification of Immigrant Visa Approval) sent to the petitioner by CIS. Please note that there are certain eligibility requirements for using Form I-485 (Application to Register Permanent Residence or Adjust Status). Forms are available by calling 1 (800) 870-3676, or by submitting a request through the CIS website, www.USCIS.gov.

All future inquiries regarding adjustment of status should be directed to the CIS either through the website address listed above or by calling the USCIS National Customer Service Center. The USCIS National Customer Service number is: 1 (800) 375-5283. The TTY number is: 1 (800) 767-1833.

Case Number:	ANK2006840020
Petitioner's Name:	AYKAL, LISA ANNE
Beneficiary's Name:	AYKAL, LOKMAN
Preference Category:	IR1 - SPOUSE OF UNITED STATES CITIZEN
Your Priority Date:	30AUG2006
Foreign State Chargeability:	TURKEY
U.S. Embassy/Consulate:	EMBASSY OF THE UNITED STATES, VISA UNIT 110 ATATURK BLVD ANKARA TURKEY